COMPENSATION DISCLOSURE FORM

This form is for use if the compensation received by an insurance producer who is dealing directly with the insured includes a fee. Separate disclosure forms should be used for each policy.

AGENCY/PRODUCER:	
INSURED/CUENT:	
INSURED/CLIENT:	
	
PART 1 – Place a check in the box and complete this section if the Licensed Producer's compensation is	
ONLY FROM CHARGING A FEE to the prospective cl	ient:
A FEE IN THE AMOUNT OF \$	HAS BEEN CHARGED TO THE PROSPECTIVE CLIENT
7	
PART 2 - Place a check in the hox and compl	ete this section if the Licensed Producer's compensation is
FROM CHARGING OF A FEE to the prospective client AND RECEIVING A COMMISSION from the insurance	
company:	THE RECEIVING A COMMISSION TION THE INSURANCE
A FEE IN THE AMOUNT OF \$	HAS BEEN CHARGED.
COMMISSION IN THE AMOUNT OF \$	HAS BEEN/WILL BE RECEIVED FROM:
COMMISSION IN THE AMOUNT OF \$	TIVE BELLY WILE BE RECEIVED FROM:
	(INSURER)
THE WAITING BRODUCED MAY DEESET SOME OR T	HE ENTIRE EEE THAT IS CHARGED TO VOIL. AN EVRLANATION
THE WRITING PRODUCER MAY OFFSET SOME, OR THE ENTIRE FEE THAT IS CHARGED TO YOU. AN EXPLANATION OF HOW THE OFFSET WORKS IS AS FOLLOWS:	
PART 3 – Place a check in the box and comple	te this section when the Licensed Producer may receive any
ADDITIONAL (CONTINGENT) COMMISSIONS from t	· · · · · · · · · · · · · · · · · · ·
The writing producer/agency may receive additional	I commission in the form of future incentive compensation
from the insurer, including contingent commissions and other awards, and bonuses based upon factors that TYPICALLY INCLUDE THE TOTAL SALES VOLUME, GROWTH, PROFITABILITY, AND RETENTION OF BUSINESS	
PLACED BY THE INSURANCE PRODUCER WITH THE INSURER, and incentive compensation is only paid if the	
performance criteria established in the Agency/Insurer agreement is met by the insurance producer of the	
business entity with which the insurance producer i	
business entity with which the insurance producer i	o annucea.
Specific information relating to Additional (Contingent) Commissions will be provided upon request.	
INSURED SIGNATURE:	DATE:
MOSILE SIGNATURE.	
PRODUCER SIGNATURE:	DATE: